

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/28/2016

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000187757

INSTALLATION NAME:

RITE AID #7909

INSTALLATION ADDRESS:

642 WESTCHESTER AVE BRONX, NY 10455

MAILING ADDRESS:

30 HUNTER LANE CAMP HILL, PA 17011

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: RITE AID #7909 or Current Occupant

ATTN: DAVID CROZIER

30 HUNTER LANE **CAMP HILL, PA 17011**



OMB# 2050-0024; Expires 01/31/2017

FO The Sta	ND MPLETED RM TO: e Appropriate ate or Regional ice.						
1. E	Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) To provide a Subsequent Notification (to update site identification information for this location) As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report (If marked, see sub-bullet below) Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)					
2.	Site EPA ID Number	EPA ID Number N Y R 0 0 0 1 8 7 7 5 7					
3.	Site Name	Name: Rite Aid # 7909					
4.	Site Location	Street Address: 642 WESTCHESTER AVENUE					
	Information	City, Town, or Village: BRONX	County: BRONX				
		State: NY Country: USA	Zip Code: 10455				
5.	Site Land Type	☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ S	State Other				
6.	for the Site	A. [4 4 6 1 1 0 c. [
	(at least 5-digit codes)	B. D. D.					
7.	Site Mailing	Street or P.O. Box: 30 Hunter Lane					
	Address	City, Town, or Village: Camp Hill					
		State: PA Country: USA	Zip Code: 17011				
8.	Site Contact Person	First Name: David MI: W Last: Crozier					
	reison	Title: Manager, Environmental Health & Safety					
		Street or P.O. Box: 30 Hunter Lane					
		City, Town or Village: Camp Hill					
	-	State: PA Country: USA	Zip Code: 17011				
		Email: EHS@riteaid.com					
		Phone: 717-975-8643	Fax: (717) 972-3989				
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: Slane 642 Westchester Avenue, LLC	Date Became Owner: 11/04/2006				
	of the Site	Owner Type: Private County District Federal Tribal Municipal	State Other				
		Street or P.O. Box: 261 West Johnstown Road					
	1		Phone: 614-475-3331				
	,		Zip Code: 43230				
			Date Became Operator: 01/11/2007				
		Operator Type: Private County District Federal Tribal Municipal	State Other				

EPA	ID	Number

N Y R 0 0 0 1 8 7 7 5 7

OMB#: 2050-0024; Expires 01/31/2017

10. Type of Regulated Mark "Yes" or "No	Waste Activity (at your site) " for all current activities (as of the date submitti	ng the form); complete any additional boxes as instructed.
A. Hazardous Waste	Activities; Complete all parts 1-10.	
	erator of Hazardous Waste es," mark only one of the following – a, b, or c.	Y N 5. Transporter of Hazardous Waste If "Yes," mark all that apply.
☐ a. LQ	Generates, in any calendar month, 1,000 kg (2,200 lbs/mo.) or more of hazardous waste Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/ (220 lbs/mo) of acute hazardous spill cleanumaterial.	b. Transfer Facility (at your site) Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B
☐ b. SQ ☑ c. CE		ute YN 8. Exempt Boiler and/or Industrial Furnace
	hazardous waste. ndicate other generator activities in 2-10.	sute γ N V 8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply. a. Small Quantity On-site Burner Exemption
event a	Ferm Generator (generate from a short-term or one-find not from on-going processes). If "Yes," provide a attion in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption
Y N 🗸 3. United	States Importer of Hazardous Waste	Y N ✓ 9. Underground Injection Control
Y N V 4. Mixed V	Waste (hazardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Off-site
B. Universal Waste Ad	ctivities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.
acc rec typ	rge Quantity Handler of Universal Waste (you cumulate 5,000 kg or more) [refer to your State gulations to determine what is regulated]. Indicates of universal waste managed at your site. If "York all that apply.	
b. c. d. e. f. g. Y N 2. De No	Batteries Pesticides Mercury containing equipment Lamps Other (specify) Other (specify) Other (specify) Other (specify) Stination Facility for Universal Waste te: A hazardous waste permit may be required for the invity.	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes," mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner Marketer Who First Claims the Used Oil Meets the Specifications

	D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K								
	❖ You can ONLY Opt into Subpart K if:								
	 you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND 								
	• you	have checked with y	our State to determin	e if 40 CFR Part 262	Subpart K is effectiv	e in your state			
Υ□	N 1. 0	opting into or currently	y operating under 40	CFR Part 262 Subpa	art K for the manager	nent of hazardous wa	astes in laboratories		
		_		finitions of types of	eligible academic e	entities. Mark all tha	at apply:		
		a. College or Univer		or has a formal writt	en affiliation agreer	mont with a college	or university		
					tten affiliation agree	_			
			•				or amnorony		
Υ□	N 2. W	Vithdrawing from 40 (CFR Part 262 Subpar	rt K for the managem	ent of hazardous was	stes in laboratories			
11. D	escription o	of Hazardous Waste)						
y		t them in the order th			e waste codes of the D001, D003, F007, U				
	D001	P001							
	D002	P075							
J.	D007	U044							
1	D009	U122							
1	D010	U188							
l	D011	U201							
	D022	U279							
1	D024								
ļ	D026								
h	laste Codes azardous wa paces are ne	astes handled at you	d (i.e., non-Federal) r site. List them in the	Hazardous Wastes e order they are pres	. Please list the wast ented in the regulatio	e codes of the State- ns. Use an additiona	Regulated al page if more		

12. Notification of Hazardous Secondary Mater	rial (HSM) Activity						
Y N Are you notifying under 40 CFR 260 secondary material under 40 CFR 2	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?						
If "Yes," you must fill out the Addend Material.	dum to the Site Identification Form: Notification	for Managing Hazardous Secondary					
13. Comments							
Generator Status Reduction to CESQG.							
accordance with a system designed to assure on my inquiry of the person or persons who ma information submitted is, to the best of my know penalties for submitting false information, inclu	4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).						
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)					
Delalion	David W. Crozier	11/13/2015					
	Manager, EH&S						

COP The	ND IMPLETED RM TO: Appropriate te or Regional ice.	United States Environmental Protection Agency 2015 SEP RCRA SUBTITLE C SITE IDENTIFICATION FORM	ROGRAM ANCH				
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID not for this location)					
E	MARK ALL BOX(ES) THAT APPLY	■ To provide a Subsequent Notification (to update site identification information for this local As a component of a First RCRA Hazardous Waste Part A Permit Application As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amend As a component of the Hazardous Waste Report (If marked, see sub-bullet below)	dment #)				
		 Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of a >100 kg of acute hazardous waste spill cleanup in one or more months of the report LQG regulations) 					
2.	Site EPA ID Number	EPA ID Number N Y R 0 0 0 1 8 7 7 5 7					
3.	Site Name	Name: Rite Aid # 7909	#				
4.	Site Location	Street Address: 642 WESTCHESTER AVENUE					
	Information	City, Town, or Village: BRONX	County: BRONX				
		State: NY Country: USA	Zip Code: 10455 ⊞				
5.	Site Land Type	☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐	State Other				
6.	NAICS Code(s) for the Site	A. [4 4 6 1 1 0 C. [
	(at least 5-digit codes)	B D					
7.	Adduses	Street or P.O. Box: 30 Hunter Lane					
		City, Town, or Village: Camp Hill					
		State: PA Country: USA	Zip Code: 17011				
8.	Site Contact Person	First Name: David MI: W Last: Crozier					
		Title: Manager, Environmental Health & Safety					
		Street or P.O. Box: 30 Hunter Lane					
		City, Town or Village: Camp Hill	17044				
		State: PA Country: USA	Zip Code: 17011				
		Email: EHS@riteaid.com	(747) 072 2090				
		Phone: 717-975-8643	Fax: (717) 972-3989 Date Became				
9. Legal Owner and Operator		A. Name of Site's Legal Owner: Slane 642 Westchester Avenue, LLC	Owner: 11/04/2006				
	of the Site	Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal	State Other				
Street or P.O. Box: 261 West Johnst		Street or P.O. Box: 261 West Johnstown Road					
		City, Town, or Village: Columbus	Phone: 614-475-3331				
		State: OH Country: USA	Zip Code: 43230				
		B. Name of Site's Operator: Rite Aid of New York, Inc.	Date Became Operator: 01/11/2007				
		Operator Type: □ Private □ County □ District □ Federal □ Tribal □ Municipal	State Other				

A PAROHMENTAL PROTECTION

EPA ID Number N Y R 0 0 0 1 1 8 7 7 5 7

OMB#: 2050-0024; Expires 01/31/2017

 Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed. 					
A. Hazardous Waste Activities; Complete all parts 1-10.					
Y N I 1. Generator of Hazardous Waste If "Yes," mark only one of the following – a, b, or c.	Y N 7 5. Transporter of Hazardous Waste If "Yes," mark all that apply.				
a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.	a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities. Y N ✓ 7. Recycler of Hazardous Waste				
b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste. c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute	Y N 3. Exempt Boiler and/or Industrial Furnace				
hazardous waste. If "Yes" above, indicate other generator activities in 2-10.	If "Yes," mark all that apply. a. Small Quantity On-site Burner Exemption				
Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.	b. Smelting, Melting, and Refining Furnace Exemption				
Y N ✓ 3. United States Importer of Hazardous Waste	Y N ✓ 9. Underground Injection Control				
Y N ✓ 4. Mixed Waste (hazardous and radioactive) Generator	Y N ✓ 10. Receives Hazardous Waste from Off-site				
B. Universal Waste Activities; Complete all parts 1-2.	C. Used Oil Activities; Complete all parts 1-4.				
Y N I large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.	Y N J 1. Used Oil Transporter If "Yes," mark all that apply. a. Transporter b. Transfer Facility (at your site)				
a. Batteries b. Pesticides c. Mercury containing equipment d. Lamps e. Other (specify)	Y N 2. Used Oil Processor and/or Re-refiner If "Yes," mark all that apply. a. Processor b. Re-refiner Y N 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer If "Yes," mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications				

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K							
❖ You ca	❖ You can ONLY Opt into Subpart K if:						
agre	 you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND 						
• you	have checked with ye	our State to determin	e if 40 CFR Part 262	Subpart K is effectiv	e in your state		
Y	opting into or currently	y operating under 40	CFR Part 262 Subpa	art K for the manager	nent of hazardous wa	astes in laboratories	
			finitions of types of	eligible academic e	entities. Mark all tha	at apply:	
<u></u>	a. College or Univer			••••			
					ment with a college ement with a college		
	. Non-pront mentu	te that is owned by	or nas a formal writ	tten amiliation agree	ement with a college	or university	
Y	Vithdrawing from 40 (CFR Part 262 Subpar	rt K for the managem	ent of hazardous was	stes in laboratories		
11. Description	of Hazardous Waste)					
A. Waste Codes your site. Lis spaces are no	t them in the order th	llated Hazardous Water are presented in t	astes. Please list the regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous w J112). Use an additio	vastes handled at onal page if more	
D001	P001						
D002	P075						
D007	U044						
D009	U122						
D010	U188						
D011	U201						
D022	U279						
D024							
D026							
	astes handled at your				te codes of the State- ons. Use an additiona		

12. Notificat	12. Notification of Hazardous Secondary Material (HSM) Activity						
Y□ N⊄	N ✓ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?						
	If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.						
13. Commer	nts						
Update cont	act information.						
accordan on my ind information penalties	4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).						
	legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)				
Del a	la	David W. Crozier	09/08/2015				
		Manager, EH&S					



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/03/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000187757

INSTALLATION NAME:

RITE AID #7909

INSTALLATION ADDRESS:

642 WESTCHESTER AVE BRONX, NY 10455

MAILING ADDRESS:

30 HUNTER LANE -ATTN: EH&S CAMP HILL, PA 17011

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: RITE AID #7909

or Current Occupant

ATTN: STEPHANIE CAIATI

30 HUNTER LANE -ATTN: EH&S

CAMP HILL, PA 17011



OMB# 2050-0024; Expires 12/31/2014

SE	ND	Ť			AGENUT REMOVES			
FO The Sta	MPLETED RM TO: Appropriate te or Regional ice.			nental Protection Ager EIDENTIFICATION F	ORM			
<u> </u>					BRANCH			
1.	Reason for Submittal	Reason for Submittal: To provide an Initial Notification for this location)	n (first time su	bmitting site identification infe	ormation / to obtain an EPA ID number			
_	MARK ALL	To provide a Subsequent Notifice	cation (to upd	ate site identification informa	tion for this location)			
E	BOX(ES) THAT APPLY	☐ As a component of a First RCR						
		☐ As a component of a Revised F			,			
		☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)						
		☐ Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)						
2.	Site EPA ID Number	EPA ID Number N Y R 0 0 0 1 8 7 7 7 5 7						
3.	Site Name	Name: Rite Aid #7909						
4.	Site Location	Street Address: 642 Westchester Ave	enue					
	Information	City, Town, or Village: Bronx			County: Bronx			
		State: NY	Country: US	SA	Zip Code: 10455			
5.	Site Land Type	Private County Distr			funicipal State Other			
	NAICS Code(s)		1 0	C.	1 1 1			
	for the Site							
	(at least 5-digit codes)	В	D					
7.	Site Mailing	Street or P.O. Box: 30 Hunter Lane, A	kttn EH&S					
	Address	City, Town, or Village: Camp Hill						
		State: PA	Country: US	SA	Zip Code: 17011			
8.	Site Contact	First Name: Stephanie	MI: A	Last: Caiati				
	Person	Title: Director, EH&S						
		Street or P.O. Box: 30 Hunter Lane						
		City, Town or Village: Camp Hill						
		State: PA	Country: US	SA	Zip Code: 17011			
		Email: sscaiati@riteaid.com		va emento manto a constante de la constante de				
		Phone: 717-730-8225	Ex	·	Fax: 717-972-3989			
9.	Legal Owner	A. Name of Site's Legal Owner: Rite A			Date Became 1/11/07 Owner:			
and Operator of the Site Owner		Owner Type: Private County	District	Federal Tribal	Municipal State Other			
		Street or P.O. Box: 30 Hunter Lane						
		City, Town, or Village: Camp Hill Phone: 717-761-2633						
		State: PA	Country: US	SA	Zip Code: 17011			
	i i	B. Name of Site's Operator: Rite Aid #			Date Became 1/11/07 Operator:			
		Operator Type: ✓ Private	District	Federal Tribal	Municipal State Other			

PA ID Number	N	Υ	R	0	0	0	1	8	7	17	5	7	

OMB#: 2050-0024; Expires 12/31/2014

 Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed. 						
A. Hazardous Waste Activities; (Complete all parts 1-10.					
Y N 1. Generator of Haz	zardous Waste nly one of the following – a, b, or c.	Y N ✓ 5. Transporter of Hazardous Waste If "Yes", mark all that apply.				
Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.		a. Transporter b. Transfer Facility (at your site) Y N ✓ 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.				
	to 1,000 kg/mo (220 – 2,200 lbs./mo) of non- te hazardous waste.	Y N ✓ 7. Recycler of Hazardous Waste				
	ss than 100 kg/mo (220 lbs./mo) of non-acute cardous waste.	Y N ✓ 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner Exemption				
	ator (generate from a short-term or one-time on-going processes). If "Yes", provide an Comments section.	b. Smelting, Melting, and Refining Furnace Exemption				
Y N ✓ 3. United States Imp	oorter of Hazardous Waste	Y N ✓ 9. Underground Injection Control				
Y N 4. Mixed Waste (haza	ardous and radioactive) Generator	Y N 10. Receives Hazardous Waste from Offsite				
accumulate 5, regulations to	ty Handler of Universal Waste (you ,000kg or more) [refer to your State o determine what is regulated]. Indicate ersal waste managed at your site. If "Yes",	C. Used Oil Activities; Complete all parts 1-4. Y N 1. Used Oil Transporter If "Yes", mark all that apply. a. Transporter b. Transfer Facility (at your site)				
d. Lamps e. Other (spec f. Other (spec g. Other (spec	ntaining equipment ify) ify) ify) ify) acility for Universal Waste dous waste permit may be required for this	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply. a. Processor b. Re-refiner b. Re-refiner Y N 3. Off-Specification Used Oil Burner Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications				

12.	12. Notification of Hazardous Secondary Material (HSM) Activity								
Υ[N	Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?							
		If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.							
13.	3. Comments								
			,						
				4					
14.	4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).								
		legal owner, operator, or an epresentative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)					
	Ņι	Caratt	Stephanie Caiati	8/14/13					
	U	•	Director, EH&S						



ACKNOWLEDGEMENT OF NOTIFICATION **OF** HAZARDOUS WASTE ACTIVITY

01/27/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000187757

INSTALLATION NAME:

RITE AID #7909

INSTALLATION ADDRESS:

642 WESTCHESTER AVE BRONX, NY 10455

MAILING ADDRESS:

30 HUNTER LANE CAMP HILL, PA 17011

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: RITE AID #7909

or Current Occupant

STEPHANIE CAIATI ATTN:

> 30 HUNTER LANE CAMP HILL, PA 17011

OMB# 2050-0024; Expires 11/30/2011



SEND COMPLETED FORM TO: The Appropriate State or Regional Office.		United States Environmental Protection Agency, REGION I RCRA SUBTITLE C SITE IDENTIFICATION FORM NOV -4 PM 2:									
1.	Reason for	Reason for Submittal:			BRANCH						
	Submittal	To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) X									
	MARK ALL	To provide a Subsequent Notifi	cation (to upo	date site identification inform	ation for this location)						
E	BOX(ES) THAT APPLY	As a component of a First RCR									
		As a component of a Revised F			•						
		As a component of the Hazardo									
		Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)									
2.	Site EPA ID Number	EPAID Number NYRDO	EPA ID Number NYR 000 187 7 757								
3.	Site Name	Name: Rite Aid #7909									
4.		Street Address: 642 Westchester Aver	nue	and the second s	4						
	Information	City, Town, or Village: Bronx	County: Bronx								
		State: NY	Country: U	J.S.A.	Zip Code: 10455						
5.	Site Land Type	Private X County Distri	ict Fed	deral Tribal I	Municipal State Other						
6.	NAICS Code(s) for the Site	A. 446110		c							
	(at least 5-digit codes)	В.		D							
7.	Site Mailing	Street or P.O. Box: 30 Hunter Lane									
	Address	City, Town, or Village: Camp Hill									
		State: PA	Country: U	.S.A.	Zip Code: 17011						
8.	Site Contact	First Name: Stephanie	MI: A	Last: Caiati							
	Person	Title: Senior Manager, Environmental Health and Safety									
		Street or P.O. Box: 30 Hunter Lane									
		City, Town or Village: Camp Hill									
•		State: PA	Zip Code: 17011								
		Email: Sscaiati@Riteaid.com									
		Phone: (717)730-8225	Fax: (717)975-3761								
9.	Legal Owner and Operator	A. Name of Site's Legal Owner: Rite Aid Corporation Date Became Owner:									
		Owner Type: X Private County	District	Federal Tribal	Municipal State Other						
		Street or P.O. Box: 30 Hunter Lane									
		City, Town, or Village: Camp Hill	Phone: (717)761-2633								
		State: PA	Zip Code: 17011								
		B. Name of Site's Operator: Rite Aid	Corporation		Date Became Operator:						
		Operator Type: X Private County	District	Federal Tribal	Municipal State Other						

EP/	A ID	Num	be	r								OMB#: 2050-0024; Expires 11/30/2011	
10.						Activity (at you Il <u>current</u> activit		g the fo	rm); com	ple	te any additional boxes as instructed.	
A.	Haz	zardo	us \	Vas	ste Activiti	es; Complete al	l parts 1-7.						
ΥX	Ν		1.		Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c.					ΝX	2.	Transporter of Hazardous Waste If "Yes", mark all that apply.	
				a.	LQG:	Generates, in a	ny calendar month, 1,000 kg/n	no				a. Transporter	
						(2,200 lbs./mo.) Generates, in a	or more of hazardous waste; ny calendar month, or	or				b. Transfer Facility (at your site)	
						lbs./mo) of acut in any calendar	accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or in any calendar month, or accumulates at any time, more than 100 kg/mo	Y		NX	3.	Treater, Storer, or Disposer of Generates, Hazardous Waste Note: A hazardous waste permit is required for these activities.	
							f acute hazardous spill cleanu			ΝX	4.	Recycler of Hazardous Waste	
				b.	SQG:	100 to 1,000 kg acute hazardou	/mo (220 – 2,200 lbs./mo) of n s waste.	ion-					
				C.	CESQG:)	XLess than 100 k hazardous was	g/mo (220 lbs./mo) of non-act te.	ute Y		NX	5.	Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply. a. Small Quantity On-site Burner	
				lf	"Yes" abo	ve, indicate oth	er generator activities.					Exemption	
Υ	N	X		d.		m Generator (generate from a short-term or one-						 Smelting, Melting, and Refining Furnace Exemption 	
	time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.						the Comments section.						
Υ	Ν	X		e.	United St	ates Importer of	Hazardous Waste	Υ		NX	6.	Underground Injection Control	
Y	N	X		f. Mixed Waste (hazardous and radioactive) Generator				Y		NX	7.	Receives Hazardous Waste from Off-site	
В.	Uni	iversa	al W	ast	e Activitie	s; Complete all	parts 1-2.	С	C. Used Oil Activities; Complete all parts 1-4.				
,	Y	ΝX	x	1.		Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State						Used Oil Transporter If "Yes", mark all that apply.	
					regulations to determine what is regulated]. Indicate							a. Transporter	
						universal waste managed at your site. If "Yes hat apply.		es",				b. Transfer Facility (at your site)	
					a. Batteri	ies		Y		NX	2.	Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.	
					b. Pestic	ides							
					c. Mercu	ry containing equ	ipment					a. Processor	
					d. Lamps	3						b. Re-refiner	
					e.	Other	(specify)						
					f.	Other	(specify)	Y		NΧ	3.	Off-Specification Used Oil Burner	
					g. Other	(specify)		Y		ΝX	4.	Used Oil Fuel Marketer If "Yes", mark all that apply.	
,	Y	NX	(2.		ion Facility for L hazardous waste	Iniversal Waste permit may be required for th	iis				 a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off- Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications 	

EF	A ID Number				OMI	B#: 2050-0024; Ex	pires 11/30/2011		
Э.	Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K								
	You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K								
	 Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply: 								
		ege or University	s owned by or has a fe	ormal writton offiliatio	n agraement with a a	college or university			
			s owned by or has a f		_				
			t 262 Subpart K for th		_				
11.	Description o	of Hazardous Waste)						
۸.	Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.								
D	001								
D	002								
D	007								
D	010								
D	009								
D	024								
Р	001								
P075									
3.	Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.								

EP	A ID Num	nber]		OMB#: 2050-0024; Expires 11/30/2011	
12.	Notificat	ion of Hazard	ous Secor	ndary Mater	ial (HSM)	Activity				
Y	Nx	secondary ma	aterial unde	er 40 CFR 20	61.2(a)(2)(ii), 40 CFR	261.4(a)(23), ((24), or (2	g, or will stop managing hazardous 5)? for Managing Hazardous Secondary	
13.	Commer						W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
	open seem									
		X1		1474						
		w.C. account						the state of		
						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
			The second second			••		-		
		NAME OF THE OWNER O		- Constitution of the Cons						
		RATE AND ADDRESS OF THE PARTY O						· · · · · · · · · · · · · · · · · · ·	ATE CONTRACTOR MANAGEMENT AND A STATE OF THE	
									S AMBRICA STATE OF THE STATE OF	
			7.00							
					5- N-A					

	***			a)						
14.	4. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).									
Signature of legal owner, operator, or an authorized representative					Name an	d Official	Fitle (type or p	orint)	Date Signed (mm/dd/yyyy)	
	\(\frac{1}{2}\)	Callait			STEPH	HANIE	A. CAI	ATI	11/2/11	
	U				SR.M	1GR,	A. CAI			
	que.									